



301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071

MI

ACT High School Code Number: _____

Date: _____

Test Accommodations Coordinator Header (For 2008 ACT State Testing)

ACT-Approved Accommodations – Deadline: 12/3/2007*

State-Allowed Accommodations – Deadline: 1/25/2008*

This envelope contains _____ completed request forms for state testing

accommodations from: _____ (number) _____
(if any of the information pre-printed below is incorrect, please correct it.)

(Name of high school)

(Phone number including area code)

(Shipping address, No PO Box Number)

(Fax number including area code)

(City & State)

(ZIP code)

Test Accommodations Coordinator: *(This form must be signed by the **same** individual who signed the 2008 Test Accommodations Coordinator Agreement on file at ACT.)*

Name

Title

TAC E-mail

Phone

Signature: _____

Date: _____

Review the following instructions/checklist prior to sending completed state testing accommodations request forms to ACT:

- ✓ All information has been completed on each request form.
- ✓ All required documentation to support each request has been included.
- ✓ The student/parent and school official have signed and dated the accommodations request form.
- ✓ **This header must accompany each group of completed request forms returned to ACT.**

Submit applications by the appropriate deadline above* to:

ACT State Test Accommodations - MI
301 ACT Drive
PO Box 4071
Iowa City, IA 52243-4071

(This document may be photocopied)

6/07